

Clinical Center

News

August 1988

In this issue:

NIH'ers radio for help
'Treasures' found in laundry
Hiring freeze imposed



From the editor's desk . . .

Some departments in the CC publish their own newsletters on a regular basis, or when information needs to be shared with the staff.

CC News would like to develop columns for these departments. The frequency of the column and the amount of space allotted will vary with the department's needs.

Last month, Friends of the Clinical Center (FOCC) started its quarterly column, and the personnel department will

debut one in the fall.

CC News reaches more than 6,000 people every month. A regular column in the CC newsletter will reach more people more easily, and save time and expense of publishing individual newsletters.

Columns can cover important news and information or profile programs offered by the department. Anyone interested in discussing a departmental column may reach me at 496-2563, or in

building 10 room 1C255. Department heads must approve the column.

Another type of column premiering in this issue is the "Employees' corner," which features the creative talents of CC employees. This month includes a poem titled "The building ten blues" by summer volunteer Irving Katz.

I hope you enjoy this issue, and I look forward to working with you on departmental columns. — *ejp*

Letters . . .

Memorials sent to Children's Inn

On May 22, the Mercy Medical Airlift transported our son, Dean Alan Reep, from NIH to the Baptist Hospital in Winston-Salem, North Carolina. He finished his treatment there and was later moved to the local hospital in Statesville here. Your organization agreed to pay for this; we are eternally grateful.

Our son deceased on June 10; we were in treatment with NIH for a year. Without NIH, local people, groups such as Friends of the Clinical Center (FOCC), there would be no way that one could exist. Thanks so much and extend to all our deep appreciation.

We asked for memorials to be given in Dean's memory for the Children's Inn at NIH. We have received considerable donations, which we will forward.

Hassill and Dorothy Reep

A salute to PAD

"How do you thank someone who has taken you from crayons to perfume? It isn't easy, but I'll try." These lyrics from the 1960's movie, "To Sir with Love," speak of long-term caring and support. These words come to our minds as we think of our colleagues on the patient activities department staff. We are PAD

staff members who each have a family member with chronic health conditions that often need our attention. When you are a parent, the time inevitably comes when you need to ask for time to care for a child's health. Most of these needs prove to be short-term and health returns. At such times, supervisory and co-worker support is most appreciated. However, when health status of family members continue to produce needy situations, the care and support from one's department makes the difference between "working" and "working comfortably." Your support over the years has been greatly appreciated. How do we thank people who continue their support in many loving ways year after year? "It isn't easy, but we'll try."

Thank you, PAD. We salute you!

Sincerely,
Cindy and Charles

A special thanks

During bypass surgery three years ago, I received two pints of blood . . . At the end of August [1987] I had the ELISA test, which turned out to be positive. This was followed by the Western blot, which was indeterminate. In early September I contacted Ms. Jacqueline Melpolder for help in determining my next course of action. From the moment she picked up

the telephone, I knew I was in touch with a master counselor in this field. Furthermore, she explained in very clear language, the limitations of these tests as far as I was concerned. I was most impressed with her knowledge, which gave me some confidence in believing that my tests were false positives. A few days later she obtained a blood sample from me, which turned out to be negative for both tests.

Ms. Melpolder was always responsive during this difficult time for me and patient whenever I contacted her for further information.

I believe that NIH is fortunate to have this most competent employee. Her skill in handling the multiplicity of questions related to the AIDS testing program was very reassuring.

Very truly yours,
[name withheld upon request]

Do you have a comment or opinion that you would like to share with other CC employees? Write to us.

Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be withheld upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.

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CC News articles may be used for publication if appropriate credit is given.

About the cover: *This month's three-dimensional line drawing was designed by Trudy Nicholson, medical arts and photography branch. The NIH radio amateur club celebrates its 25th anniversary this year.*

Features

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Going through the CC laundry can be like going through a treasure chest—or Pandora's box. One may find valuable items like a wedding band, or destructive items like uncapped ballpoint pens.

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NIH radio amateur club hams it up, but hold the bread. The members are all volunteers.

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Items found in laundry unbelievable

By Mary Hepburn

If you haven't visited the laundry facilities for the Clinical Center . . . go. You won't believe your eyes.

Statistics are staggering! One and one-half to two million pounds of laundry a year for CC alone. And you won't believe the list of items that end up in the laundry that shouldn't be there. It reads like a Who's Who . . . or What's What . . . or items for a garage sale.

The list: syringes, bottles of medicine, address books, remote controls for television, stuffed animals, stethoscopes, tweezers, scissors, scalpels, needles, Bibles, rosaries, nightgowns, robes, keys, jeans, class ring, wallets, glasses, watches, wedding band, teeth. Did I hear correctly? Yup. Teeth, actually dentures.

It's not unusual for Helen Burton, secretary, to pick up the 'phone two or three times a week to hear a frantic voice on the other end of the line in search of some lost item that just may have found its way to the laundry via the chutes on the patient care units.

No, these items should never end up in the laundry.

But, nothing is a surprise to William Hubbard, director of laundry, who has worked there for eight years. Before that, he spent five years in housekeeping.

"Everything that is used on the floors in the Clinical Center ends up here," says Hubbard.

And that's aggravating to him.

It's pens left in lab coat pockets that cause him to shake his head in disgust.

The lab coat doesn't play favorites



when spinning around in the washer or dryer. Ink from one pen can do its damage to 75 other lab coats in a matter of seconds. You can almost guarantee that the culprit won't even realize his or her pen is guilty.

This may sound trivial. But, if everyone spent a few seconds taking stuff out of pockets . . .

You get the picture. I'm not your mother.

And, as Hubbard says, "There's no way clothes would be sent to the cleaners without checking pockets first."

To find the laundry, go to B2 on the hospital elevators, take the tunnel from the CC, then ask. If you've lost something valuable and think the laundry room is its new home, call. □

Employees' corner:

The building ten blues

By Irving Katz

The week begins on a sour note
The streets are crowded with traffic
We muddle our way down Rockville Pike
The things we yell are quite graphic

We finally make it to building ten
We feel confident like a bacteriophage
Until we try to legally leave
Our car in the parking garage

We go up and down the aisles of cars
Looking for that magical space
A half-hour or so flies by
As we search every nook in the place

And there it is! A parking space
It's small but no one is there
We squeeze our car into the slot
There's hardly enough room for air

We walk a mile to the elevator
And wait for another hour
The verticle cable-car finally arrives
But all we want now is a shower

We press the button of our floor
And the elevator gets on its way
It stops on every floor in between
But it's like this every day

We make our way down the halls
As the great storage cabinets loom
At last we arrive at our office
A spacious 8 by 8 room

It's impossibly hot in our little cage
As we gaze out of a plate of glass
There is junk all over our desk
This is really a pain in the . . . neck

But this is our job and there's no buts about it

It pays for our house, food, and car
And when we feel down we can always reflect

That there's someone worse off than we are □

Irving Katz, a junior at John F. Kennedy High School, is a special summer volunteer at NINCDS. He assists Drs. Norm Barton and Carol Verderese in gaining access to and manipulating their clinical data, and works with Jane Quirk in the laboratory. Katz, who will graduate from high school in 1990, plans to major in pre-med in college with a minor in journalism.

Auditions set for musical review

Auditions for the NIH R&W theatre group's fall musical production, "The Forgotten Fifties—A Musical Review," will be held at 7 p.m. August 14 and 15 in Masur Auditorium.

Director Alice Page Smyth is looking for soloists, ensemble singers, instrumentalists, dancers, production helpers, and a choreographer. Prepared material for auditions is not required.

"The Forgotten Fifties" will feature dozens of favorite songs that were not cre-

ated especially for stage shows or movies. These include such favorites as "Old Cape Cod," "Unforgettable," and "Mocking Bird Hill." Last year, the NIH production of "Magical Musicals of the 1940s" raised \$3,000 for the NIH Patient Emergency Fund.

Opening night for "The Forgotten Fifties" is Friday, November 4. For audition information, call Alice Page Smyth at 921-4358 after 11 a.m. or Louise DeSimone at (703) 356-9480. □

NIH Radio Amateur Club spans the globe

By M.J. Walker

Hurricane Ethyl hits the Florida coast without warning causing major damage to nearby areas and injuring hundreds of people.

A call for help: "Urgent, please send medical supplies and personnel," is received by amateur radio operators on 24-hour radio surveillance. Operators relay messages and locations of hard-hit areas to medical disaster teams in the vicinity. Teams organize and respond to the call. Operators continue to transmit locations and needs of hard-hit areas along with the medical conditions of the injured.

What you have just read is a simulated emergency situation. The amateur radio operators who relay information are volunteers. They are also members of the NIH Radio Amateur Club (NIHRAC), call sign K3YGG.

Radio club bands together

This year NIHRAC celebrates its 25th anniversary. Recognized by the FCC, the club was formed to provide standby communications at NIH and to support the hobby of ham radio enthusiasts. It also fulfilled a federal regulation that all government installations have an emergency operating center for use in civil defense emergencies and natural disasters.

Headquartered in building 11, the club uses two rooms on the 3rd floor—a meeting room and a radio room or "shack" for those who know radio lingo.

Wires and equipment fill every available space in the radio room. Among the entourage are three stationary base units, a mobile unit, and eight or nine hand-held radios.

Yet the club receives little federal funding. Members take annual leave or lunch hours to listen in on radio waves or just visit with other ham operators. When emergencies arise, the club's 40 members band together to create a network of communication between themselves and other ham radio operators.

Emergency preparedness

Amateur radio operators, often called "hams," can communicate information anywhere in the world in seconds. This quick communication makes them essential during emergencies, especially when regular channels of communication are overloaded or inoperative.

To prepare for emergencies NIHRAC participates in simulated drills and tests throughout the year. They also meet monthly to plan upcoming events.

Currently club members are involved in a Bethesda campus Disaster Medical Assistance Team (DMAT) drill at Fort A.P. Hill in Virginia. During the two-week field exercise, radio operators stationed at NIH and A.P. Hill communicate three times daily to test equipment, discuss activities, and send messages.

The club also participates in Clinical Center disaster drills and power tests. The next power test is scheduled for September. "During testing, we are stationed at designated areas in building 10 where we relay information on hand-held radios," says club member Rodney Douglass. "In a real power outage, we would be on call in case we are needed for backup communications."

Communications worldwide

Since it began in 1963, the club has responded to real—not just simulated—emergencies. One of the club's first contacts, an NIH research unit in Ghana, West Africa, came shortly after the club was formed.

Lacking available phones, Dr. Victor Zeve, a medical entomologist and ham operator in Ghana, tried to reach NCI colleagues on his two-way radio. He was unaware of the radio club. Through NIHRAC, he contacted NCI doctors concerning medicines needed for his son's asthma.

After that, a schedule of twice-weekly contacts between NIHRAC and the team in Africa was set up to reduce the lag time in shipping supplies and equipment.

Through the years, NIHRAC also has established contact with other overseas NIH research teams and PHS installations.

NIHRAC support in times of emergency reaches worldwide. Members provided volunteer emergency services during such major disasters as the Alaska earthquake of 1964, hurricane Camile in 1969, and the Mexico earthquakes of 1985. In each case, messages for government and public health agencies and requests for doctors, nurses, and supplies were relayed, and inquiries concerning the health and safety of friends and relatives answered.

For efforts during the hurricane Camile disaster, NIHRAC received a public service award from the American Radio Relay League, Inc., for services exemplifying "the spirit that makes amateur radio a valuable asset to the public and the nation."

The club has earned other awards, including one from the International Amateur Radio Union for radio communications with six continents.

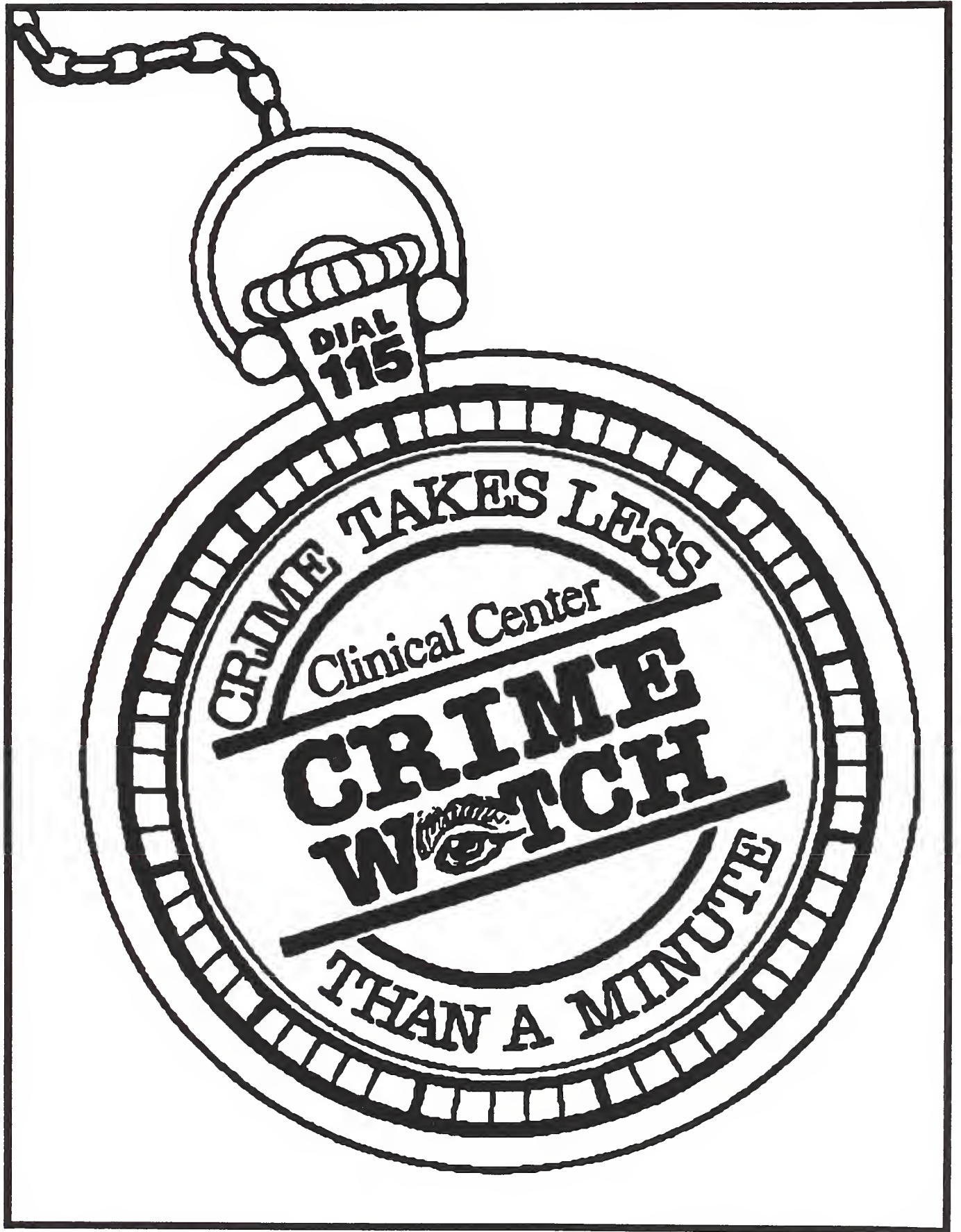
On a smaller scale

"But the life of an amateur radio operator is not always glamorous," says club member Larry Martin as he answers a radio call for help from a ham whose U-haul truck broke down on I-95. "We just enjoy talking with other ham radio operators and helping people whenever we can," he said.

And that is exactly what they do—when natural disasters and civil emergencies are sparse. □

Are you a ham?

Anyone interested in joining the NIH radio amateur club can attend club meetings on the first Thursday of each month. Meetings start at noon, on the 3rd floor of building 11. Call Larry Martin at 496-3401 for details. □



JCAH survey essential

Sometime this fall or winter, the Clinical Center will be surveyed by the Joint Commission on the Accreditation of Healthcare Organizations. This Chicago-based organization is a nonprofit group that surveys hospitals and other health care institutions for accreditation purposes. Accreditation means that a hospital meets the accepted basic standards of quality care. The accreditation is a voluntary effort although many programs require their students to train only in accredited facilities. Some state agencies use parts of the accreditation program to substitute for their on-site licensing inspections.

Hospitals gain accreditation for three years. An accreditation may have "contingencies," which means that the hospital may be required to file interim progress reports on certain deficiencies found during the survey process. If deficiencies are serious enough, a hospital may have a "focused" survey on a specific area during the three-year process.

The number and type of surveyors looking at an institution depend on the size and type of facility. The Clinical Center will have three or four surveyors; a physician, a hospital administrator, and a nurse. It is possible that there may be a fourth surveyor with expertise in outpatient facilities. The surveyors will probably spend three days looking at all of the Clinical Center departments. Afterwards, the surveyors will have a summation conference to present their findings to key management officials, and to give the CC a chance to rebut their findings or clarify the issues. The surveyors will then tabu-

late their findings and send them to Chicago where they will be reviewed by the board of commissioners of the Joint Commission who make a final determination on the accreditation status of the Clinical Center. The final results arrive at the Clinical Center about three or four months after the survey.

Besides deficiencies that must be corrected, the surveyors will make written recommendations on how services can be improved. The survey is really an educational process to help the CC improve quality of services. In addition to emphasizing quality medical and nursing care, the surveyors will examine the physical structure of the building with particular emphasis on fire prevention and safety. Notices are posted approximately one month before the survey to give members of the public and other interested parties an opportunity to meet with the surveyors. The surveyors spend a great deal of time reviewing documentation.

While the need for so much documentation can be tiring, it is the only way to show the type of care provided. This is beneficial for the Joint Commission, and for continuity of care (because CC providers change frequently) and for legal reasons. □

—Raymond Becich

The administrative column, From Decker's desk, is written by Dr. John Decker, Dr. Saul Rosen, or Mr. Raymond Becich and provides information for or addresses issues of concern to CC employees.

Short and sweet summer publications



Patient education perspectives

Wendy Schubert

Clinical Center staff recently put together a variety of publications that take the form of cards. The cards fit readily into a file drawer, pocket, or folder.

Nurses Patty Gattuso and Peggy Hardin-Noonan collaborated to produce a series of patient teaching tools on the following procedures: calcium infusion test, Forgy meal study, bile salt study, and secretin test. Another set of cards was developed by Tannia Cartledge and Joanne Muir-Nash (of the nursing department), which describes various stimulation tests for hormones TRH, ACTH, GnRH, and CRH. The cards describe the procedures so that patients will be acquainted with these studies.

In addition, the epidemiology service staff worked on *What You Should Know about Universal Precautions at the Clinical Center*. This compact publication spells out why universal precautions are needed and what these procedures involve.

Did you know that there is a convenient place for you to pick up some of the latest patient education materials developed by CC staff? A new publication rack located outside the CC Communications office displays a variety of new publications and old "favorites" such as the *Patient Handbook* and *Spanish Phrases for Health Professionals*. Stop by and browse! You may get ideas for new programs. □

Wendy Schubert is a public affairs specialist in the Office of Clinical Center Communications. She can be reached at 496-2563, or in building 10, room 1C255.

Organist Frances Viernstein dies

Frances M. Viernstein, organist for the spiritual ministry department for nearly 20 years, died July 5 following a recent illness.

Viernstein had been the organist for the Catholic and Protestant services at NIH.

"She became a friend and beloved

partner in the work of the chaplains at NIH," says Chaplain Gary N. Johnston.

"Mrs. Viernstein's musical gift and contribution to our services will be greatly missed. Our heartfelt sympathies are extended to her family and loved ones, and she shall remain in our thoughts and prayers." □

News briefs . . .

The Patient Emergency Fund is \$8,000 richer thanks to all who attended the PEF Auction. The \$8,000 check was presented to Charlotte Berg, deputy chief of the social work department, by Larry Eldridge and Kelly Goka, both of the PEF Auction committee. The money was raised at the annual PEF Auction and will be used to help CC patients and their families meet emergency expenses. Anyone interested in making a contribution to the PEF should call the social work department at 496-3496.

And the winner is . . . the information systems department (ISD)! WXCR radio station recently declared ISD "Office of the Day" and presented the staff with a

proclamation and six-foot submarine sandwich. "We love to eat, of course, like everyone else," says Bernice Crossley, chief of the professional support section, MIS. "It was another excuse to have a party." The office name was submitted by Lisa Murphey, former secretary for ISD.

Patience will be necessary from now until mid-September for those who use the clinic elevators. Two of the three elevators will take you to the floor you'd like. The third elevator will be out of service while workers add position indicators that display floor location and direction elevator is moving. As well, the interior floor button panels will be vandal-proofed.

Clinical Center CRIME WATCH

Each year, thousands of dollars are lost through theft and vandalism of government property, such as equipment and supplies, as well as personal property of employees. Statistics for a recent month at the CC indicate the following:

Automobile vandalized: 5 counts; CC garage; scratches in paint

Fan coil unit stolen: B1N304; government property

Epson printer stolen: 1C660; item not secured; government property

U.S. Robotics modem stolen: 1C660; item not secured; government property

Credit cards stolen: 8S255; patient area not secured

Cash/purse stolen: 12B32; item not secured


Balances stolen: 3 counts; 10N242, 1A19, and 1A21; items not secured

Vacuum pumps stolen: 4 counts; 1A23 and 8N236; government property


Microwave oven stolen: 13N256; item not secured; government property


You are a vital part of your personal security, as well as assuring the safety and security of your co-workers. Crimes against a facility such as the CC, or against a person such as yourself, are usually crimes of opportunity. If you make it easy for someone to steal from you or make yourself vulnerable for personal assault crimes, chances are you will become a victim. Become security conscious. Security is everyone's job.


If you see something suspicious or have information about a crime or act of vandalism at the CC, please contact the NIH police department. Call 115. □



August security tip
crime prevention
NIH security branch







Lock your car when you leave. Do not forget to roll up you windows.

Report all suspicious activity to the NIH police at 115.

Nevelson one of the best sculptors in the world

By Helen Orem

Louise Nevelson, who died April 17 at age 88, was one of the best known sculptors in the world. Recently she had finished a commission for a 35-foot black steel sculpture, which now stands in front of the Clinical Center.

Nevelson was born in Russia in 1899. Her family emigrated to Rockland, Maine, where she grew up feeling little attachment to her surroundings. "I knew I was a creative person from the minute I opened my eyes," she said. "And I knew I was coming to New York."

Nevelson studied at the Art Students League in New York, and with Hans Hoffman in Munich. In 1958, after 30 years of working in obscurity, she exhibited the first of her painted wood constructions in her mature style and received critical acclaim.

"My life had a blueprint from the beginning, and that is the reason that I don't need to make blueprints or drawings for my sculpture," Nevelson said. "What I am saying is that I did not *become* anything. I was an artist. Early in school, they called me 'the artist.'

"I have always felt feminine . . . very feminine, so feminine that I wouldn't wear slacks. I didn't like the thought, so I never did wear them. I have retained this stubborn edge. Men don't work this way, they become too affixed, too involved with the craft or technique. They wouldn't putter, so to speak, as I do with these things. The dips and cracks and details fascinate me. My work is delicate; it may look strong, but it is delicate. True strength is delicate.

"I have met distinguished and accomplished people, and many have said, 'Well, you have fulfilled yourself as a woman.' But one fulfills oneself. You are a woman, and you fulfill yourself; you are a man, and you fulfill yourself. And there is a price for what you do, and there is a price for what you don't do. It is a two-way deal. I felt, maybe partly through environment but certainly through birth, that I could take my true heritage and pay for it. I wanted this, and I felt rich enough

to pay the price. It may sound arrogant, but that is true. I felt that I had the equipment and maybe—say it is a gift, but I knew I had it, and I felt that through this special perception I could live a meaningful life.

"When I was young, if the Rockefeller wealth had been put at my disposal and someone had said, here, you can have a different job every day and have pearls from your neck down to your feet, I wouldn't have changed. There's all kinds of money, the banks are full of it, why should I be impressed? I was energetic and healthy, and I didn't care if I only had a piece of bread and butter and cheese to eat. We make our own decisions according to the blueprint. Women used to be afraid. I've met many of the women I studied art with; one of them said to me, 'I am married and have three children. I was not willing to gamble.' Well, I wasn't afraid, I felt like a winner. And even if I didn't sell my work, I still felt like a winner. I am a winner.

"In the end, as you get older, your life is your life and you are alone with it. You are alone with it, and I don't think that the outside world is needed. It doesn't have much influence on me as an artist, or on us as individuals, because one cannot be divorced from the other. It is the total life. Mine is a total life." □

Daniels paints in vivid colors

Dave Daniels' show in Gallery II closed August 2 after a successful showing of paintings. Unusual in their large format, Daniels' watercolors depict aquatic scenes and plant forms in vivid colors. His love of nature and interest in botany are revealed through his sensitive handling of the watercolor medium.

What is a patina?

The greenish color found on most outdoor bronze sculptures in this city is the result of the natural corrosion of copper and its alloys. This greenish finish can be simulated by controlled chemical treatment of bronze. This finish is a patina. Chemical treatment of bronze also can produce rich finishes of browns, reds, and blacks such as the patina on our "Healing Waters" sculpture on the first floor of the Clinical Center. —*hgo*

CC gallery artists

Gallery I

Aug. 2-Sept. 13 NIH juried show

Gallery II

Aug. 2-Sept. 13 Bernice Duvall watercolors

Gallery III

Aug. 2-Sept. 13 Larry Otsby photography

Although new to the area, Daniels has been well received on the Washington art scene. Daniels has exhibited widely. He also is a member of the Washington Watercolor Association, director of the Boathouse Art School, and an instructor at the Hirshhorn Museum. □

Newsmakers

Dr. Theodore R. Simon has been named deputy chief of the nuclear medicine department (NMD). Currently chief of nuclear medicine at the Veterans Administration Medical Center in Dallas and regional associate director for the VA southwestern region, Simon will join the NIH staff September 1. He will oversee the clinical studies section of NMD, as well as fulfilling his role as deputy.

The Public Health Service recognized 14 nurses throughout the United States "for selfless dedication, compassionate service, and outstanding leadership in pro-

viding direct nursing care to people with AIDS." Three of nurses are from NIH: Rose Thomas, R.N., M.N.; Nancy Sears, R.N., B.S.N., O.N.C.; and Christine Grady, R.N., M.N. Certificates of accommodation were presented by Dr. Robert E. Windom, assistant secretary for health, PHS.

Carrie Macon, administrative staff fellow, left the CC last month after completing her two-year assignment. She will be teaching behavior modification classes for pre- and post-coronary patients.

Wyngaarden imposes NIH-wide hiring freeze

Dr. James Wyngaarden has imposed a hiring freeze for NIH. The freeze affects both temporary and permanent positions for commissioned officers and civil service employees.

During the freeze, employees will not be converted from non-ceiling appointments to those requiring ceiling, hired from outside NIH, reassigned between BIDs, or have the number of hours in their tour of duty increased.

The freeze does not affect the recruitment of AIDS positions, and Dr. John Decker is seeking clearance to hire certain nurses and allied health specialists. Other actions that are not affected by the freeze include lateral reassignments within BIDs, career ladder promotions, and extension of temporary positions.

The freeze became effective in late July, and will continue until further notice. □

Bike to raise money for charity

The second annual Chesapeake Bay Bike Trek to benefit the American Lung Association of Maryland (ALAM) will be held September 17-19. Trekkers will cover approximately 125 miles of flat terrain on Maryland's beautiful and historic eastern shore in this three-day, pledge-support event. The top fund-raiser will win a 10-speed bicycle. Incentive prizes include cycling glasses and mirrors, rear trunk bags, cycling computers, and care bike racks.

The trek begins near St. Michaels at the Pasadena Inn, a 220-year-old plantation mansion. Trekkers will visit Tilghman Island, St. Michaels, Oxford, and Easton. One of the highlights of the trek will be a ride on the Tred Avon Ferry, the oldest ferry in the United States, which connects Oxford and Bellevue.

A \$35 registration fee entitles trekkers

to breakfasts and dinners, overnight accommodations, a trek T-shirt, fares on the Tred Avon Ferry, a detailed route map, and experienced trek leaders.

Proceeds from the event will help support the statewide programs and services of ALAM in environmental and occupational health, adult and pediatric lung disease, smoking or health, and research and professional education. Last year, trekkers raised more than \$45,000 in pledges.

The goal of the American Lung Association is the cure, prevention, and control of all lung diseases including asthma, lung cancer, emphysema, chronic bronchitis, tuberculosis, and some of their related causes including smoking, air pollution, and occupational lung hazards.

For registration information, call Joe Buta at (800) 492-7527 (within Maryland) or 494-1100. □



Till Then

Noisy neighbors disrupt other workers

Dear Till:

I have a problem with my office neighbors that is driving me crazy. They are so LOUD that I can't think straight. My good work habits have fallen apart, I can't concentrate, I keep making stupid mistakes, I can't talk on the 'phone, and I get a headache almost every day. I've asked these people to be quiet a couple of times, but they just stare at me like I'm crazy. They don't seem to care how their noise affects others. How can I get these dunceheads to keep the volume down? My head is pounding!!!!

Pounding!! Pounding!!

Dear Pounding:

I'll assume from your description that the noise is made by people, not by office equipment they use. Apparently, they have abundant time to talk and/or laugh their work time away, while you're trying to work. Since your requests for a reasonable volume have been ignored, your next step is to write a short, to-the-point but pleasant note to the noisemakers requesting that they pipe down. If that doesn't work, perhaps your supervisor will intervene by mentioning it to their supervisor. If that doesn't work, maybe you can move your desk to the opposite wall or try some other sound-insulating tricks like lining the wall that separates you from the noisy folks with floor to ceiling bookcases. (Be sure to fill them up with books—a great sound absorber, and it will make you look very intelligent.)



Till Then is a regular feature of CC News. If you have a question about personal or work relationships, your job, or the CC,

write to Till at building 10, room 1C255. Questions will be answered as space permits.

Neumann: we should make advances in nuclear medicine

Dr. Ronald D. Neumann became chief of the nuclear medicine department (NMD) six months ago when Dr. Steven Larson resigned the post to accept a similar position at Sloan-Kettering Memorial Cancer Center in New York.

"Under Dr. Larson's direction, the department expanded nearly five-fold between 1983 and 1988," Neumann says. "We have finished the growth phase and have entered a maturation phase."

NMD is the largest nuclear medicine department in the world, he adds. The department employs 75 people and has an annual operating budget of nearly \$5.5 million.

"We are a well-positioned department to make advances in the nuclear medicine field," he says. Neumann's background interests include cancer and lung disease. Larson started an active program to investigate nuclear medicine studies of cancer, which Neumann plans to pursue. He particularly wants to expand the cancer and cardiac Positron Emission Tomography (PET) programs.

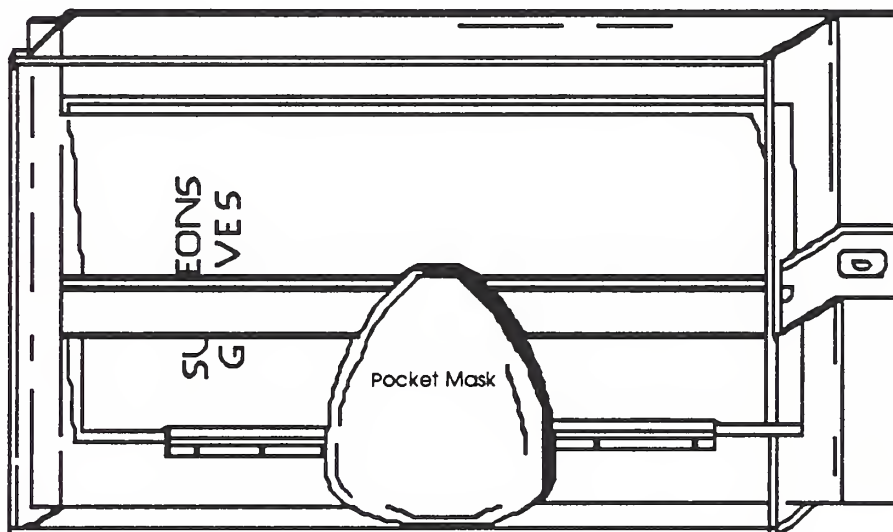
He also is working with Dr. Ronald Crystal, NHLBI, and Dr. Joseph Parrillo's group in CCM on the diagnostic tests for lung disease.

Another current study involves mapping the distribution of antibodies that have been injected into cancer patients. Special stains of the surgically-removed tissues enables researchers to see where the radiolabelled antibody went. This helps determine if they are targeting the tumors amply with these antibodies.

Neumann joined NIH in 1985 as deputy chief of NMD. A graduate of Yale University School of Medicine, he was an associate professor of diagnostic radiology and pathology at Yale prior to joining

NIH. He says he accepted the offer at NIH because the move from Connecticut provided an equal chance for professional advancement for him and his wife, Dr. Maria Merino, who is chief of surgical pathology in the division of cancer biology and diagnosis, NCI.

"The fundamental role of the nuclear medicine department is to meet the research and clinical service needs of NIH patients," Neumann says. "We have a very good staff that always strives for excellence in meeting these goals." □



Volunteers needed

Nurses are needed to volunteer two hours one night a week to help the homeless. Silver Spring location. For more information, call Mariena at 496-3644 or Gunther at 585-6463.

The department of transfusion medicine is seeking healthy men and women between the ages of 18 and 65 to give blood and blood components for NIH research. Participants will be paid. For more information, call 496-1048.

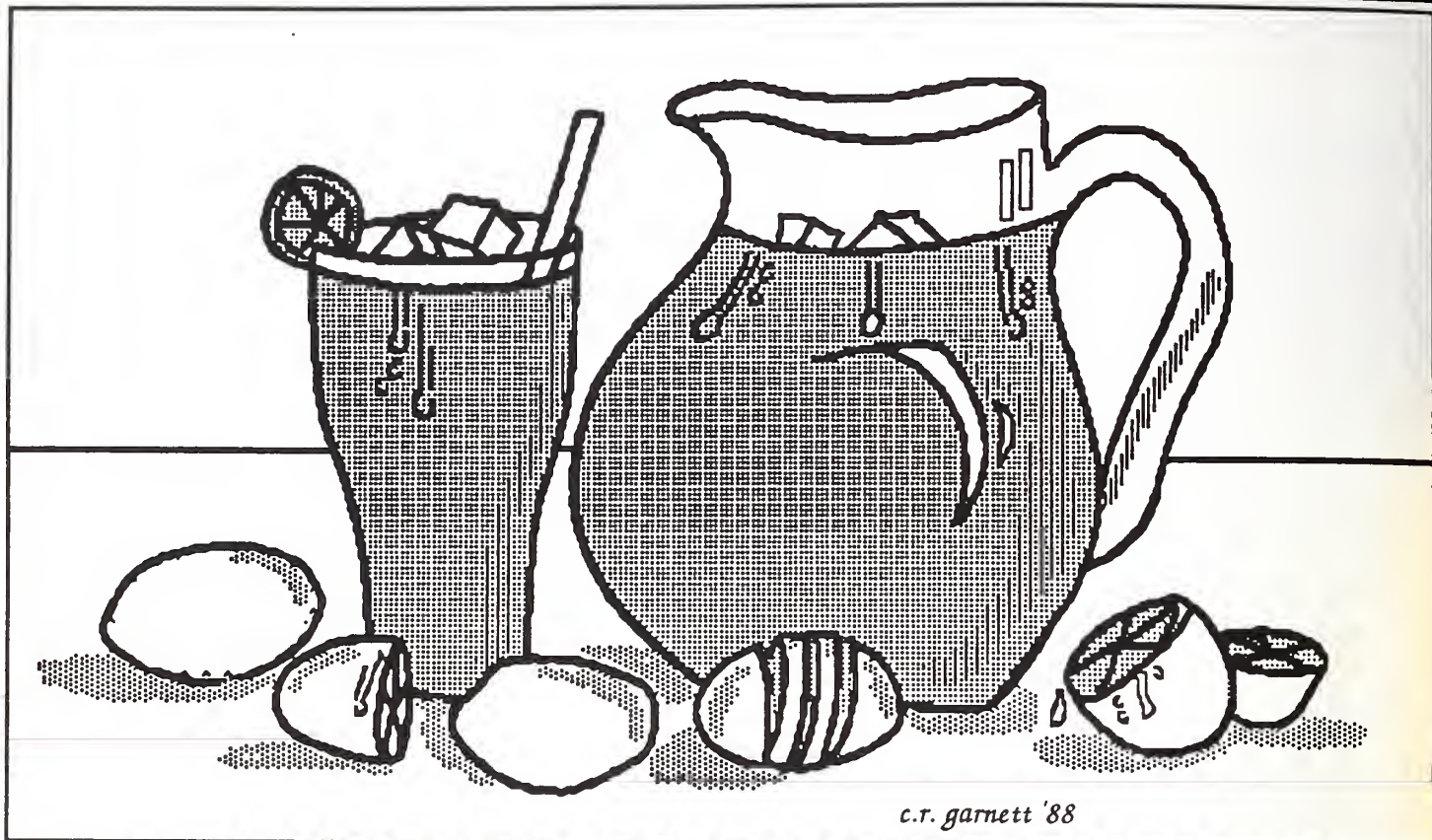
Healthy men and women over the age of 59 who are not taking any drugs or medication, with or without dentures, are sought for oral health study. Volunteers will be reimbursed for a one-hour clinical examination. For more information, call Drs. Ship or Wolff between 8 a.m. and 4:30 p.m. at the NIDR dental clinic, 496-4371. □

Universal precautions: barrier equipment for first responders

The Clinical Center recently revised its infection control policies to reflect the Centers for Disease Control's recommendations for the new universal precautions guidelines. The CC policy has been developed in an effort to protect health care workers from acquiring blood-borne infections by minimizing workers' potential exposure to all patient blood and/or body fluids through the use of barriers. As part of the CC's effort to implement this new universal precautions policy, 'code stations' will be installed in designated areas throughout the CC. These Plexiglas containers will hold a Laerdal pocket

mask and gloves for use by first responders in the event of a cardiac or respiratory arrest in non-patient care areas. Similarly, nursing units and outpatient clinics will have Laerdal pocket masks mounted in patient rooms for utilization in patient care areas. Only individuals who are CPR-trained in mouth-to-mouth resuscitation should attempt to utilize this equipment. CPR training is available to CC employees through the CPR office. To schedule training, call 496-4411.

For more information about universal precautions, contact the hospital epidemiology service at 496-2209. □



c.r. garnett '88

AUGUST CALENDAR OF EVENTS

3 Grand Rounds. *Treatment of Chronic Granulomatous Disease of Childhood with Gamma Interferon.* John Gallin, M.D., NIAID. *Line-1: a Human Transposable Element.* Maxine Singer, Ph.D., NCI. Lipsett Auditorium, noon-1 p.m.

10 Grand Rounds. *Malignant Pheochromocytoma.* Harry Keiser, M.D., NHLBI. *Transduction of Biological Signals.* Julius Axelrod, Ph.D., NIMH. Lipsett Auditorium, noon-1 p.m.

10 Monthly Seminar Series for Supervisors. *How To Write a Position Description.* For more information, call 496-1618. Building 10, room 1N248, 9 a.m. to 5 p.m.

10 National Black Nurses' Association. Professional forum and tour of CC. Lipsett Auditorium, 1:30-4 p.m.

14-15 Auditions for NIH fall musical. *"The Forgotten Fifties."* Soloists, ensemble singers, musicians, dancers, and production helpers. For more information, call Alice Page Smyth at 921-4358. Masur Auditorium, 7 p.m.

15 Training Session for Information Officers. Guest speaker Pat Young will discuss his plans for *Science News*, how to place stories, how to work with the magazine staff, and what the readers' interests are. Medical board room, 3:30 p.m.

17 Grand Rounds. *Lewis Carroll and the Natural History of Lymphoma.* Eli Glatstein, M.D., NCI. *AIDS—Illusion, Confusion, and Transfusion.* Harvey Alter, M.D., CC. Lipsett Auditorium, noon-1 p.m.

24 Grand Rounds. *The ABCs of IgA B-Cell Deficiency.* Warren Strober, M.D., NIAID. *Cholesterol and the Heart: Where We Stand.* Basil Rifkind, M.D., NHLBI. Lipsett Auditorium, noon-1 p.m.

31 Grand Rounds. *Universal Precautions.* David Henderson, M.D., CC. *The Multi-chain IL-2 Receptor: A Target for Immunotherapy.* Thomas Waldmann, M.D., NCI. Lipsett Auditorium, noon-1 p.m.



CC News is published monthly for employees like June Moon, cardiology branch, NHLBI. She has been supervisory secretary to the chief of the cardiology branch for 10 years. She says she has lots of patient contact and the CC is an interesting place to work.